

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 679985

Entity Name: LOGAN PROPERTIES, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

C/O CLAUDE D LOGAN III
1200 W CASS ST., SUITE 101
TAMPA, FL 336061311 US

Current Mailing Address:

C/O CLAUDE D LOGAN III
1200 W CASS ST., SUITE 101
TAMPA, FL 336061311 US

New Principal Place of Business:

C/O CLAUDE D LOGAN III
1716 W. LEMON STREET
TAMPA, FL 33606 US

New Mailing Address:

C/O CLAUDE D LOGAN III
1716 W. LEMON STREET
TAMPA, FL 33606 US

FEI Number: 59-2062819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAN, CLAUDE III
1200 W CASS ST.
STE 101
TAMPA, FL 336061311 US

Name and Address of New Registered Agent:

LOGAN, CLAUDE III
1716 W. LEMON STREET
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSVP () Delete
Name: CLEWIS, LELIA LOGAN
Address: 1200 W CASS ST., SUITE 101
City-St-Zip: TAMPA, FL 336061311

Title: DTVP () Delete
Name: LOGAN, W. RAY,
Address: 946 QUINCE AVENUE
City-St-Zip: BOULDER, CO 803040703

Title: DP () Delete
Name: LOGAN, CLAUDE D., II, I
Address: 1200 W CASS ST., SUITE 101
City-St-Zip: TAMPA, FL 336061311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSVP (X) Change () Addition
Name: CLEWIS, LELIA LOGAN
Address: 1716 W. LEMON STREET
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: LOGAN, CLAUDE D., II, I
Address: 1716 W. LEMON STREET
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LELIA CLEWIS

DSVP

01/20/2009

Electronic Signature of Signing Officer or Director

Date